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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 TEMPORARY

1/61 1 x 2009

FORM D

Washington, Do 100 NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

)
OMB Number: 3235-0	076
Expires: September 30, 20	08
Estimated average burden	
hours per response	4.00

SEC USE ONLY				
Prefix		Serial		
DÄTE	RECEI	VED		

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series A Preferred Stock and underlying common stock issuable upon conversion.	·
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	L INCOME AND A PORT AN
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
R2 Semiconductor, Inc.	09000889
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1277 North Borregas Avenue, Suite 100, Sunnyvale, CA 94089	650/218-4680
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
	g PROCESSED
	Q - PRUCEOBELL
Brief Description of Business	7
Brief Description of Business Semiconductor Chips	JAN 2 9 2009
Semiconductor Chips	JAN 2 9 2009
Semiconductor Chips Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ other	7
Semiconductor Chips	JAN 2 9 2009
Semiconductor Chips Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ Month ☐ Year ☐ Other organization ☐ Month ☐ Other organization ☐ Imited partnership, to be formed	JAN 2 9 2009 (please spe THOMSON REUTERS
Semiconductor Chips Type of Business Organization Corporation Dusiness trust Imited partnership, already formed Month Year	JAN 2 9 2009
Semiconductor Chips Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ Month ☐ Year ☐ Other organization ☐ Month ☐ Other organization ☐ Imited partnership, to be formed	JAN 2 9 2009 (please spe THOMSON REUTERS
Type of Business Organization	JAN 2 9 2009 (please specification of the property of the pro
Type of Business Organization Corporation Dusiness trust Ilimited partnership, already formed Dusiness trust Ilimited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for organization	JAN 2 9 2009 (please specification)
Semiconductor Chips Type of Business Organization Corporation Ilimited partnership, already formed other business trust Ilimited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Enter two-letter U.S. Postal Service abbreviation for State:	JAN 2 9 2009 (please specification) DE valiable to be filed instead of Form D

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17CFR 239.500T) that is available to be filed instead of Form D (17CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise company with all the requirements of § 230.503T.

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA		
2. Enter the information re-	quested for the foll-		-		
 Each promoter of the 	ie issuer, if the issu	er has been organized with	nin the past five years;		
 Each beneficial ow securities of the issue 		wer to vote or dispose, o	r direct the vote or dispos	sition of, 10% or	more of a class of equity
 Each executive offi 	cer and director of	corporate issuers and of co	orporate general and manag	ing partners of pa	rtnership issuers; and
 Each general and m 	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	☑ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	individual)			•	
Fisher, David		<u></u>	<u>-</u>		· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	•				
1277 North Borres	gas Avenue, Suite	100, Sunnyvale, CA 940			<u></u>
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it	individual)				
Diner, Fahri					
Business or Residence Addre c/o Sigma Partner	•	reet, City, State, Zip Code) Real, Suite 280, Menlo I			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, it Lanza, Drew	findividual)	·		-	
Business or Residence Addre			ite 100, Menlo Park, CA	94025	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Schwartz, Robert	findividual)	-			
Business or Residence Addre	•	reet, City, State, Zip Code 100, Sunnyvale, CA 940			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, in Sanquini, Richard					
Business or Residence Addre		reet, City, State, Zip Code)		
		100, Sunnyvale, CA 940			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Ramachandran, R			<u> </u>		
Business or Residence Addre		reet City State Zin Code)		
		100, Sunnyvale, CA 940			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	<u> </u>		····································	.
Rothenberg, Bret	. ,				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)		
	•	100, Sunnyvale, CA 940			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENT	IFICATION DATA		<u></u>
 Each beneficial own securities of the issu Each executive office 	e issuer, if the issuner having the porter; ter; ter and director of	owing: er has been organized with wer to vote or dispose, or corporate issuers and of co			
 Each general and ma 	anaging partner of	partnership issuers.		<u></u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Burns, Lawrence	individual)				
Business or Residence Addres	ss (Number and St	eet, City, State, Zip Code))		
1277 North Borreg	as Avenue, Suite	100, Sunnyvale, CA 9408	89		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Morgenthaler Ven		L.P.			
Business or Residence Address 2710 Sand Hill Ros	•	reet, City, State, Zip Code) nlo Park, CA 94025)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Sigma Partners 8,		d funds)		· 	
Business or Residence Addres		reet, City, State, Zip Code) nlo Park, CA 94025)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)		*
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)		. <u>. </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		· 		
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)		. <u></u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INFOR	MATION	ABOUT O	FFERING					
					<u> </u>								Yes	No
1.	Has the	issuer s	old, or do	es the issu										\boxtimes
2	What is	, eba min	imum inu	actmant th			•		ling under U			•	n/a	
2.	wnat is	s the min	iimum inv	esument u	iat will be	accepted ii	oni any mu	iviudai:		***************************************	******************	<u>J</u>	Yes	No
3.	Does th	e offerin	ng permit j	oint owne	rship of a	single unit	?						×	Ö
4.	Enter th	he infor	mation re	auested f	or each p	erson who	has been	or will be	paid or giv	en, directly	or indirectl	y, any		
	commis a persoi states, l	ssion or : n to be l list the r	similar rer listed is ar name of th	nuneration associate e broker	n for solici ed person o or dealer.	itation of p or agent of If more th	urchasers ii a broker o nan five (5)	n connectio: r dealer reg	n with sales istered with be listed a	of securities	s in the offer d/or with a s I persons of	ing. If state or		
Full	Name (I	Last nam	ne first, if i	individual)									
Busii	ness or l	Residen	ce Address	s (Number	and Stree	t, City, Sta	te, Zip Cod	e)						
Name	e of Ass	sociated	Broker or	Dealer										
7 (427)	• • • • • • • • • • • • • • • • • • • •													
State	s in Wh	nich Pers	on Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers						
(C	heck "A	All States	s" or check	c individu	al States)				***************************************		***************************************		☐ Ai	l States
[A	L] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[I D]
[11]] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M(_
[M		NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	-
[R	[]	SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P F	<u></u>
Full	Name (I	Last nan	ne first, if	individual)									
Busii	ness or l	Residen	ce Addres:	s (Number	r and Stree	et, City, Sta	te, Zip Cod	le)		-		••		
Nam	e of Ass	sociated	Broker or	Dealer										
State	s in Wh	nich Pers	on Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers						
(C	heck "A	All States	s" or check	c individu	al States).				******				☐ Al	l States
[A]	L] [.	AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[I D]
[11] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M)]
[M	T] [T	NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	
[R	I] [SC]	[SD]	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P F	!]
Full	Name (I	Last nan	ne first, if	individual)									
Busin	ness or	Residen	ce Addres	s (Numbe	r and Stree	et, City, Sta	te, Zip Cod	le)			-			<u> </u>
Nam	e of Ass	sociated	Broker or	Dealer										
State	s in Wh	nich Pers	on Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers					-	
													☐ Al	ll States
[A]	ւ) լ	AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[R] [1	SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P F	١]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ -0-	\$ -0-
	Equity	\$12,000,000.00	\$2,050,000.00
	☐ Common ☐ Preferred	<u>,,-</u>	
	Convertible Securities (including warrants)	\$ See above	\$ See above
	Partnership Interests	\$	\$
	Other (Specify)	\$	s
	Total	\$12,000,000.00	\$2,050,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ12,000,000.00	
	Answer also in Appendix, Column 3, it tilling under OLOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	6	\$2,050,000.00
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all		
٥.	securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs] \$
	Legal Fees		\$To be determined
	Accounting Fees.	_] \$
	Engineering Fees		- ' <u></u> 7 \$
	Sales Commissions (specify finder's fees separately)		<u></u> 1 s
	Other Expenses (identify)] <u>*</u>
	Outer Expenses (identity		<u> </u>

		NUMBER OF INVESTORS, EXPENSES A		
Question 1 and	d total expenses furnished in re	ate offering price given in response to Part C - sponse to Part C - Question 4.a. This differen	ce is the	\$ 12,000,000.00
used for each estimate and c	of the purposes shown. If the check the box to the left of the	gross proceeds to the issuer used or propose to amount for any purpose is not known, fur estimate. The total of the payments listed mustorth in response to Part C - Question 4.b. above	nish an st equal	
			Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries a	and fees		\$	□ \$
Purchase	of real estate			
Purchase	, rental or leasing and installati	on of machinery and equipment	\$	□ \$
Construc	tion or leasing of plant building	gs and facilities	\$	□ \$ <u> </u>
offering t	that may be used in exchange for	the value of securities involved in this or the assets or securities of another	□ \$	□ \$
Repayme	ent of indebtedness		□ s	□ \$ <u> </u>
Working	capital		\$	\$12,000,000.0
Other (sp	ecify):			
			□ \$	□ \$
Column 7			□ \$	\$12,000,000.00
Total Pay	ments Listed (column totals ac	ided)	\$12,000,000.0	0
		D. FEDERAL SIGNATURE		
allowing signature	constitutes an undertaking by	ned by the undersigned duly authorized per the issuer to furnish to the U.S. Securities and any non-accredited investor pursuant to parag	d Exchange Commission,	ed under Rule 505, the upon written request
suer (Print or Typ	pe)	Signature . 1	/ Date	
2 Semiconductor) avid (fish	January 8	, 2009
lame of Signer (Pr	rint or Type)	Title of Signer (Print or Type)		
avid Fisher		President and CEO		

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)